



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

02/07/2011

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**EPA I.D. NUMBER:** NYR000147363

**INSTALLATION NAME:** ADVANTAGE METALWORK & FINISHING LLC

**INSTALLATION ADDRESS :** 1000 UNIVERSITY AVE SUITE 700  
ROCHESTER, NY 14607-1286

**MAILING ADDRESS :** 1000 UNIVERSITY AVE SUITE 700  
ROCHESTER, NY 14607-1286

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-4437**

**TO: ADVANTAGE METALWORK & FINISHING LLC  
or Current Occupant  
ATTN: CHARLES WESTER  
1000 UNIVERSITY AVE SUITE 700  
ROCHESTER, NY, 14607-1286**

**SEND  
COMPLETED  
FORM TO:**  
The Appropriate  
State or Regional  
Office.

United States Environmental Protection Agency  
**RCRA SUBTITLE C SITE IDENTIFICATION FORM**



**1. Reason for Submittal**

MARK ALL  
BOX(ES) THAT  
APPLY

**Reason for Submittal:**

- ☐ To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)
- ☒ To provide a Subsequent Notification (to update site identification information for this location)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # \_\_\_\_\_)
- ☐ As a component of the Hazardous Waste Report (If marked, see sub-bullet below)
- ☐ Site was a TSD facility and/or generator of  $\geq 1,000$  kg of hazardous waste,  $>1$  kg of acute hazardous waste, or  $>100$  kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)

**2. Site EPA ID Number**

EPA ID Number N Y R | 0 | 0 | 0 | 1 | 4 | 7 | 3 | 6 | 3

**3. Site Name**

Name: Advantage Metalwork & Finishing LLC

**4. Site Location Information**

Street Address: 1000 University Avenue, Suite 700

City, Town, or Village: Rochester

County: Monroe

State: New York

Country: USA

Zip Code: 14607-1286

**5. Site Land Type**

☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

**6. NAICS Code(s) for the Site (at least 5-digit codes)**

A. 3 | 3 | 3 | 5 | 1 | 2

C.       |      |      |      |      |      

B.       |      |      |      |      |      

D.       |      |      |      |      |      

**7. Site Mailing Address**

Street or P.O. Box: 1000 University Avenue, Suite 700

City, Town, or Village: Rochester

State: New York

Country: USA

Zip Code: 14607-1286

**8. Site Contact Person**

First Name: Charles

MI: J

Last: Wester

Title: Owner

Street or P.O. Box: 1000 University Avenue, Suite 700

City, Town or Village: Rochester

State: New York

Country: USA

Zip Code: 14607-1286

Email: chetwester@advantagemetalwork.com

Phone: 585-454-0160

Ext.: \_\_\_\_\_

Fax: 585-454-0173

**9. Legal Owner and Operator of the Site**

A. Name of Site's Legal Owner: Charles J. Wester

Date Became Owner: June 30, 2000

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

Street or P.O. Box: 1000 University Avenue, Suite 700

City, Town, or Village: Rochester

Phone: 585-454-0160

State: New York

Country: USA

Zip Code: 14607-1286

B. Name of Site's Operator: Charles J. Wester

Date Became Operator: June 30, 2000

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Tribal ☐ Municipal ☐ State ☐ Other

**10. Type of Regulated Waste Activity (at your site)**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.

- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.

- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☐ N ☒

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒**2. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter  
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**3. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste permit is required for these activities.Y ☐ N ☒**4. Recycler of Hazardous Waste**Y ☐ N ☒**5. Exempt Boiler and/or Industrial Furnace** If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption  
☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**6. Underground Injection Control**Y ☐ N ☒**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- a. Batteries ☐  
b. Pesticides ☐  
c. Mercury containing equipment ☐  
d. Lamps ☐  
e. Other (specify) \_\_\_\_\_ ☐  
f. Other (specify) \_\_\_\_\_ ☐  
g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☐ N ☒**1. Used Oil Transporter** If "Yes", mark all that apply.

- ☐ a. Transporter  
☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner** If "Yes", mark all that apply.

- ☐ a. Processor  
☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer** If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner  
☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**

- ☐ a. College or University  
☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university  
☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

**11. Description of Hazardous Waste**

- A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D007	D008	F003	F005			

- B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.


**12. Notification of Hazardous Secondary Material (HSM) Activity**

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

**13. Comments**

Alternate Contact:

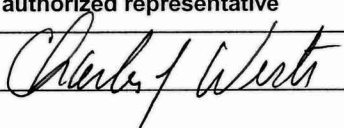
Zak Friedo

Ph: 585-454-0160

Fx: 585-454-0173

Zfriedo@advantagemetalwork.com

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Principal Principal, Charles J. Wester	<del>12-29-2010</del> 12-27-2010





**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

Region 2

06/27/2007

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: **NYR000147363**

INSTALLATION NAME: **ADVANTAGE MACHINE LLC**

INSTALLATION ADDRESS : **1000 UNIVERSITY AVE  
ROCHESTER, NY 14607**

MAILING ADDRESS : **1000 UNIVERSITY AVE  
ROCHESTER, NY 14607**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-3056**

**TO: ADVANTAGE MACHINE LLC  
or Current Occupant  
ATTN: CHARLES WESTER  
1000 UNIVERSITY AVE  
ROCHESTER, NY 14607**



<b>SEND COMPLETED FORM TO:</b> The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		
<b>1. Reason for Submittal</b> (See instructions on page 13.)  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input checked="" type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
<b>2. Site EPA ID Number (page 14)</b>	EPA ID Number <u>NYR 000 147 363</u>		
<b>3. Site Name (page 14)</b>	Name: Advantage Machine, LLC		
<b>4. Site Location Information (page 14)</b>	Street Address: 1000 University Avenue		
	City, Town, or Village: Rochester	State: NY	
	County Name: Monroe	Zip Code: 14607	
<b>5. Site Land Type (page 14)</b>	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
<b>6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)</b>	A. <u>3 3 3 5 1 2</u>	B. <u>      </u>	
	C. <u>      </u>	D. <u>      </u>	
<b>7. Site Mailing Address (page 15)</b>	Street or P. O. Box: 1000 University Avenue		
	City, Town, or Village: Rochester		
	State: New York		
	Country: USA	Zip Code: 14607	
<b>8. Site Contact Person (page 15)</b>	First Name: Charles	MI:	Last Name: Wester
	Phone Number: 585-473-1000 Extension:		Email address:
<b>9. Operator and Legal Owner of the Site (pages 15 and 16)</b>	A. Name of Site's Operator: Advantage Machine, LLC		Date Became Operator (mm/dd/yyyy): 04/01/2007
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Legal Owner: The Gleason Works		Date Became Owner (mm/dd/yyyy): 1904
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

EPA ID NO: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

OMB# 2050-0028 Expires 06/30/2009

<b>9. Legal Owner (Continued) Address</b>	<b>Street or P. O. Box:</b> 1000 University Avenue	
	<b>City, Town, or Village:</b> Rochester	
	<b>State:</b> New York	
	<b>Country:</b> USA	<b>Zip Code:</b> 14692

**10. Type of Regulated Waste Activity**

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

**A. Hazardous Waste Activities**

Complete all parts for 1 through 6.

☒ ☐ **1. Generator of Hazardous Waste**

If "Yes", choose only one of the following - a, b, or c.

☐ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)  
of non-acute hazardous waste; or☒ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)  
of non-acute hazardous waste; or☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)  
of non-acute hazardous waste

In addition, indicate other generator activities.

☐ ☒ d. United States Importer of Hazardous Waste☐ ☒ e. Mixed Waste (hazardous and radioactive) Generator☐ ☒ **2. Transporter of Hazardous Waste**☐ ☒ **3. Treater, Storer, or Disposer of  
Hazardous Waste (at your site)** Note: A  
hazardous waste permit is required for this  
activity.☐ ☒ **4. Recycler of Hazardous Waste (at your  
site)**☐ ☒ **5. Exempt Boiler and/or Industrial Furnace  
If "Yes", mark each that applies.**☐ a. Small Quantity On-site Burner  
Exemption☐ b. Smelting, Melting, and Refining☐ ☒ **6. Underground Injection Control****B. Universal Waste Activities**☐ ☒ **1. Large Quantity Handler of Universal Waste (accumulate  
5,000 kg or more) [refer to your State regulations to  
determine what is regulated]. Indicate types of universal  
mark all boxes that apply:**Managea. Batteries ☐b. Pesticides ☐c. Mercury containing equipment ☐d. Lamps ☐e. Other (specify) \_\_\_\_\_ ☐f. Other (specify) \_\_\_\_\_ ☐g. Other (specify) \_\_\_\_\_ ☐☐ ☒ **2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities**

Mark all boxes that apply.

☐ ☒ **1. Used Oil Transporter**  
If "Yes", mark each that applies.☐ a. Transporter☐ b. Transfer Facility☐ ☒ **2. Used Oil Processor and/or Re-refiner**  
If "Yes", mark each that applies.☐ a. Processor☐ b. Re-refiner☐ ☒ **3. Off-Specification Used Oil Burner**☐ ☒ **4. Used Oil Fuel Marketer**

If "Yes", mark each that applies.

☐ a. Marketer Who Directs Shipment of  
Off-Specification Used Oil to  
Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the  
Used Oil Meets the Specifications



EPA ID NO: | | | | | | | | | | | | | | | |

OMB#: 2050-0028 Expires 06/30/2009

**11. Description of Hazardous Wastes (See instructions on page 21.)**

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.


D001	D035	F005				

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.


**12. Comments (See instructions on page 21.)**


**13. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

For the RCRA Hazardous Waste Part A Permit Application, all operator(s) and owner(s) must sign (see 40 CFR 270.10 (b) and 270.11). (See instructions on page 21.)

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Charles Wester	5-9-07

119.051

**Leader Professional Services, Inc.**

271 Marsh Road, Suite 2  
Pittsford, New York 14534

(585) 248-2413

(585) 248-2834 (Fax)

[www.leaderlink.com](http://www.leaderlink.com)



May 15, 2007

U.S. EPA Region 2  
Division of Environmental Planning and Protection  
RCRA Programs Branch  
290 Broadway, 22<sup>nd</sup> Floor  
New York NY 10007-1866

Re: Completed USEPA Form 8700-12

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To Whom It May Concern:

Leader Professional Services, Inc. ("Leader") has enclosed the completed USEPA Form 8700-12 on behalf of Advantage Machine, LLC ("Advantage"). The reason for submittal is to provide initial notification of regulated waste activity for Advantage. Based on production information, the facility generator status will be a Small Quantity Generator ("SQG").

If you have any questions, please feel free to contact me at 585-248-2413.

Very truly yours,  
LEADER PROFESSIONAL SERVICES, INC.

A handwritten signature in cursive script that reads "Mary Ellen Holvey".

Mary Ellen Holvey, CIH  
Senior Industrial Hygienist

xc: Mr. James Turner, Gleason Works  
Mr. Charles Wester, Advantage Machine, LLC

Enclosure: As noted.